

1745

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VIA FACSIMILE

ATTENTION: Examiner Julian Mercado
GROUP ART UNIT: 1745
FIRM/CO. NAME: United States Patent and Trademark Office
APPLICATION NO: 09/815,886
FAX NO: (703) 872-9306
FROM: Ashok K. Janah
DATE: June 28, 2004
OUR REFERENCE NO: FRNT.4.US

TOTAL NUMBER OF PAGES 12 (INCLUDING COVER PAGE)

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BUSINESS PHONE: (415) 538-1555 FACSIMILE NO: (415) 538-8380

MESSAGE:

Examiner,

Attached is an Amendment in response to the Office Action mailed on June 16, 2004, which is being timely filed within two months thereof.

Thank you,

Hilde Susan Jaegtnes

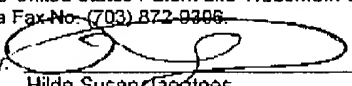
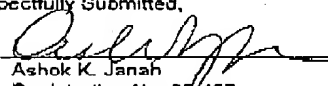
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Krasnov et al	Group No: 1745
Application No: 09/815,886	Examiner: Julian A. Mercado
Confirmation No: 7371	Attorney Docket No: FRNT.4.US
Filed: March 22 nd , 2001	Monday, June 28, 2004
For: THIN FILM BATTERY AND METHOD OF MANUFACTURE	San Francisco, CA 94107

VIA FACSIMILE (703) 872-9306 Commissioner for Patents	Extension of Time	
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Corrected Sheet of Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$110.00 \$55.00
	<input type="checkbox"/> Two Months	\$420.00 \$210.00
	<input type="checkbox"/> Three Months	\$950.00 \$475.00
	Total \$ 0.00	
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	43	43	0	\$18.00	\$0.00	\$0.00
Independent Claims	8	8	0	\$86.00	\$43.00	\$0.00
Multiple Dependent Claims				\$290.00	\$145.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or	
Fees for Extra Claims	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u>	
Total	\$0.00	Please direct all calls to: Ashok K. Janah at (415) 538-1555.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below, via Fax No. <u>(703) 872-9306</u> . By:  Date: <u>June 28, 2004</u> Hilde Susan Magines		Respectfully Submitted, By:  Date: <u>June 28, 2004</u> Ashok K. Janah Registration No. 37,487	

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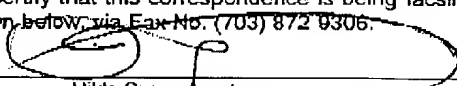
AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE
(703) 872-9306

Examiner Mercado:

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By  Hilde Susan Jaczmes	Date June 28, 2004

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